

**United States District Court
Western District of Louisiana**

ECF Authorized Staff Waiver Request Form

The Western District of Louisiana advises each attorney interested in electronic filing to attend a CM/ECF training class. The Court however understands that some attorneys will delegate the electronic filing process to authorized staff members. Attorneys who delegate this function may fill out this form authorizing a staff member to come to the class in their place and obtain their user login and password.

If you wish to request an Authorized Staff Waiver, please review the following requirements that govern the use of your CM/ECF login name and password. By signing this form, the attorney understands the rules that govern the use of the login and password. **Please be sure to submit this form and the Registration Form (located on website at www.lawd.uscourts.gov) before having your staff attend the class!**

User Name and Password Rules

- An attorney shall be responsible for all documents filed with his or her password.
- The user login and password that is required to file documents on the Electronic Filing System serves as the Filing User's signature on all electronic documents filed with the court and for purposes of Federal Rule of Civil Procedure 11, the Federal Rules of Civil Procedure, the Federal Rules of Criminal Procedure and the Local Rules of this court.
- No attorney shall knowingly permit or cause his or her password to be utilized by anyone other than an authorized employee of his or her office.
- The court will only issue logins and passwords to attorneys admitted to this court who are in good standing, including attorneys admitted Pro Hac Vice.
- If the attorney feels that the security of his/her password has been compromised, the attorney must change his or her password immediately by notifying the CM/ECF Help Desk at 1-866-323-1101

Waiver Acknowledgment

I, _____, hereby acknowledge that I have not attended CM/ECF training; however, my staff is attending CM/ECF training on my behalf. I understand the court's rules regarding user names and passwords. I have reviewed the court's rules and procedures listed on the court's website (www.lawd.uscourts.gov). Therefore, I request access to my CM/ECF user name and password.

Signed Name: _____ Date: _____

Printed Name: _____

La. State Bar Number: _____

Please send to: Pam Mitchell, ECF Coordinator, by fax at (318) 676-3962 or by mail, 300 Fannin St., Suite 1167, Shreveport, LA 71101.